

# DSI MEMBERSHIP APPLICATION - OUT OF STATE RESIDENTS

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

D.E.C. Region # you reside in: \_\_\_\_\_

Type of Membership: Regular \_\_\_\_\_ Supporting \_\_\_\_\_ Junior \_\_\_\_\_

1. Do you belong to a Gun Clubs? YES / NO

If YES, give name(s), address and phone number(s)

\_\_\_\_\_

2. Have you ever been suspended from a Gun Club? YES / NO

If YES, give name(s), address and phone number(s)

\_\_\_\_\_

3. Do you have a hand gun permit? YES / NO

4. Have you ever applied for a hand gun permit? YES / NO

If permit was denied please give reason: \_\_\_\_\_

5. Do you hold a New York State Guides License? YES / NO

6. Why do you want to become a member of Deer Search?

\_\_\_\_\_

7. Recommending DSI Member's Name (optional) \_\_\_\_\_

8. Give the names/addresses/phone numbers of three (3) references:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

## DSI MEMBERSHIP APPLICATION - OUT OF STATE RESIDENTS

9. Have you ever been convicted of a Game Law violation? YES / NO

10. Please give the name and address of the government agency that controls the game laws in your state (if possible include the phone number): \_\_\_\_\_  
\_\_\_\_\_

[ print your name ]

I, .....consent to have the Law Enforcement Division of the New York State Department of Environmental Conservation make a recommendation concerning any history of law violations I incurred which might be incompatible with Deer Search activities.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

Fees Due with Application (make check payable to Deer Search Inc.)

**\$10.00 Application Fee PLUS \$15.00 Dues for Regular Membership (total \$25.00)**

OR

**\$10.00 Application Fee PLUS \$25.00 Dues for Supporting Membership (total \$35.00)**

Send your application along with the check to:

P.O. Box 853, Pleasant Valley, NY 12569

**Thank you for applying!**

\_\_\_\_\_  
*To be filled out by Chairman of the Membership Committee:*

Date of reading:

Date of investigation:

Date voted on:

Approved: YES / NO